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LECTURES* OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

NUMBER X.

§IV. *Progress, Duration and Termination of the Disease. Transformation from one species into another.*—In all the cases the disease went on increasing, with a few intervals of relief, due, most frequently, to the administration of different medicines.

The *duration* was always indefinite, and of 17 of our patients, in whom the commencement of the deviation was accurately fixed, it dated back in only 1 two months, in 2 a year, in 1 eight years, and in all the others from two to six years; thus giving an average of three years and four fifths, leaving out of the account the two extreme cases.

In all these cases, far from tending to spontaneous recovery, the disease appeared rather to augment in intensity. Never, however, have I seen it terminate fatally, and never have I observed it after the critical time of life. This may be owing to the fact that at this epoch, the uterus becoming atrophied and lighter, either re-assumes its normal position, or no longer presses with sufficient force upon the neighboring organs to occasion symptoms. We should at least hesitate to form a final decision upon this point, as we have no proofs of this method of viewing it; and if it be true that anteversion may disappear at the critical time of life, we should be prepared to meet with exceptions to this rule, inasmuch as I have seen other deviations persist after the age of 50.

Apropos of this termination of the disease, I should say a word to you of the possible *transformation* of anteversion into another form of displacement. Cases of this kind are exceedingly rare, but there exist to my knowledge several well-authenticated instances of them.

A first example of this transformation I saw in a lady who had previously consulted several other physicians. There had been diagnosticated, she told me, an anteversion which was not constant; for after an intestinal movement, of which she was conscious, it happened sometimes that the

* The translator begs leave to apologize for the long interval which has intervened between the last and the present number of this translation. The delay was occasioned by difficulties which unexpectedly occurred in obtaining from Paris the latter numbers of the original papers, the first order for which was sent in February of last year.

uterus was displaced, and during several days it was found in a state of retroversion. I ascertained for myself the habitual anteversion, and I confess to have entertained doubts upon the existence of the movement in question. But a few days after, the patient comes to announce to me, that her womb must be retroverted, for the preceding evening, while seated and making no movement, she had distinctly felt it change its place. I examined it very attentively by means of the "toucher," the speculum and the sound, and found in truth an incontestable retroversion. At the end of two days the anteversion had been produced. I have seen several times since the same phenomenon re-appear in this patient.

This case, I repeat, is far from being unique; for about two months since, M. Demarquay, surgeon of the central bureau, communicated to me one quite similar occurring in a young lady under his care. I have learned since that M. Hervez de Chégoin and M. Amyssat have observed analogous cases. I do not know that they have published them, it being in the course of conversation that the facts came to my knowledge.

A short time since, we had at No. 39 of the ward "Ste Marthe," a female who, at the time of her first examination, presented an anteversion, and in whom we always afterwards found a retroversion. This patient remained a long time without being examined, as in addition to the displacement she was affected with pulmonary tubercles which occasioned her death.

At the autopsy we found the uterus light, but little increased in bulk, movable, and nowhere adherent to the neighboring parts, but turned completely over backwards, and maintained in this position by a fold of the sigmoid flexure of the colon, which bore upon it.

When showing you the pathological specimen, we discussed the question whether in our first exploration, an error of diagnosis had not been committed, or if there had not been confusion in the preparation of the notes taken in relation to this patient. But on the one hand the examination was made with much care, with the usual means; and on the other hand, we had immediately traced, in order to recall the position of the uterus, in anteversion, a design which agreed perfectly with the notes taken the same day.

I have thought since that these movements might be easily attributable, when the uterus is very mobile, to a considerable and alternating distension of the bladder and of the rectum, which would push the organ, the one backwards, and the other forwards, so as to make it pass the vertical line, and thus permit it to tumble over entirely. In our patient of ward "Ste Marthe" the anteversion was upon this hypothesis transformed into retroversion in consequence of the distension of the bladder; and the fold of large intestine which we found resting upon the body of the womb prevented by its weight the distension of the rectum from pushing it forward to reproduce the antversion. I give you this explanation but with the greatest reserve, and as a hypothesis requiring to be verified. I regret not having thought of inquiring in the preceding cases if these movements coincided with an accumulation of urine in the bladder, or of fecal matters in the rectum.

§V. *Diagnosis*.—The diagnosis is always easy, when we understand the use of the means of exploration at our disposal, and especially of the uterine sound. I shall not enter into extended details upon the positive diagnosis. It is sufficient to recall to you the principal signs of anteversion, which are :—the cervix directed backward towards the sacrum; the practicability of exploring the whole anterior surface of the uterus; the body of the womb behind the pubis, easily attained by the finger carried along the anterior wall of the vagina; and, as a consequence of the last, the transverse situation of the organ.

Differential Diagnosis.—It being, however, necessary to say a few words to you upon the differential diagnosis, it will suffice for me to indicate the different mistakes pointed out as having been made or regarded as possible, at the same time making known to you the means for avoiding them.

The attention of Levret was drawn to anteversion, because, at an operation for lithotomy, in place of the calculus which was expected to be found imbedded in the walls of the bladder, nothing else was encountered but the body of the womb displaced forward, and projecting into the vesical cavity. M. Ameline, in his report of the case, proposes, in order to avoid a similar error, to explore at the same time the bladder with the sound, and the vagina with the finger.

According to M. Malgaigne, it would be better to practise the digital examination per rectum at the same time that the sound is passed into the bladder. If the uterus is in its normal position, the finger feels its entire posterior surface, and is separated from the point of the sound only by the thickness of the organ. The finger may even attain to a closer contact by gliding over the sides of the cervix in such a manner as to feel the sound through a very slight thickness of tissue. Whilst the uterus is anteverted, the finger feels only the cervix projecting into the rectum, and is found to be separated from the sound by the entire length of the uterus. Lisfranc counselled the auscultation of the abdomen simultaneously with the sounding of the bladder. But if there were a calculus imbedded in the vesical walls, as Levret supposed there was in the case just cited, the point of the sound would produce no more noise than in rubbing against the body of the womb.

Finally, M. Velpeau has proposed to unite to the digital examination per vaginam, palpation through the walls of the abdomen.

All these means possessed their degree of utility before the sound was employed. But at the present day, the introduction of this instrument, and the replacement of the uterus, suffice to enable us to avoid any error.

Cystitis presents symptoms common to it with anteversion, such as frequent desire of micturition, ischuria, and hypogastric pains. These two maladies will be easily distinguished from each other, if one understands the method of determining the exact position of the uterus by the means with which I have made you acquainted. But the diagnosis will be more difficult, if, as often happens, the anteversion is complicated with cystitis. In that case, to the signs proper to displacement, will be added those furnished by direct examination of the urine, which will

contain pus or muco-pus. And, besides, the symptoms on the side of the bladder will persist after the re-placement of the uterus.

By employing the "toucher" *per rectum* only, the neck of the womb pressing against the anterior wall of the *rectum*, in consequence of the displacement of the body forward, will be liable to be mistaken for a *tumor* of this wall itself. A little practical acquaintance with the "toucher" is sufficient to enable one to avoid this error, and if there remain any doubts in the mind they may be removed by introducing the sound into the uterus, and thus making this tumor disappear if it be formed by the cervix, whilst if it be seated in the walls of the rectum it will not be affected by the passage of the instrument.

In a case reported by M. Cazeaux, a presentation of the vertex was taken for an anteversion. Upon this point there is no especial diagnosis to set up, since an examination must be superficial indeed to allow such an error.

As to tumors seated upon the anterior surface of the uterus, or within this wall and the pubis, it is not with anteversion that they are liable to be confounded, but far rather with anteflexion, and it is only in relation to this last deviation that I shall speak to you of them.

It remains for us to diagnosticate the different lesions which may complicate anteversion. *Adhesions* (which I have never met with) may be recognized by the great difficulty and painful resistance which would, in case they were present, be encountered in bringing the uterus into its normal position by means of the sound.

If there is *engorgement*, the cervix appears in the speculum more voluminous and red. At the same time, by the "toucher," the globular and bulky body is felt tumbling more heavily forward, after having been raised. The sound shows that the cavity of the organ is longer, and that the walls of the cervix are thicker.

The lesions of the cervix, such as *granulations*, *ulcerations*, &c., are seen on the employment of the speculum. As to *inflammation of the womb itself*—independently of leucorrhœa, which cannot be due to the deviation—it produces very intense sensitiveness on palpation, or on contact with the sound.

§VI. *Prognosis*.—The prognosis of anteversion flows naturally from what we have learned, from the study and progress of the malady. M. Velpeau, who by his special investigation of the subject of midwifery, and by the elevated rank which he occupies among surgeons, is rendered one of the most competent of men in relation to this subject, says—"*displacements of the uterus do not recover, and do not occasion death.*" (Grimaud, thesis.) This proposition—true when the malady was combated by means of treatment—the insufficiency of which has been so fully demonstrated that certain physicians have been in the habit of regarding it as completely useless, and were accustomed to leave the affection to prolong itself indefinitely—should be at the present day profoundly modified. But as this is not the place to treat this subject at length, I shall return to it more appropriately when I shall have described the *treatment of displacements in general*. Let it suffice for me

to tell you here, that, other things being equal, anteversion is more difficult to cure than all other forms of displacement.

§VII. *Morbid Anatomy.* We have, as I have already told you, very little information concerning the morbid anatomy. I have mentioned the transverse position of the uterus, the organ leaning upon the bladder; engorgement principally of the anterior wall, pointed out by Desormeaux and M. P. Dubois; adhesion of the cervix to the vagina, seen by Mad. Legrand, and of the body with the organs in front, suspected by Mad. Boivin.

Morgagni and Levret say that they found the vessels of the broad ligaments engorged and presenting varicose dilatations. There may be, finally, in consequence of the depression to which they have been subjected, inflammation of the bladder or of the rectum. I have met with this last lesion in other forms of old displacements, but never hitherto in simple anteversion.

Such are the data, still very insufficient, which we possess on this point.

§VIII. *Treatment.*—I shall limit myself, gentlemen, to making you acquainted with the treatment to which we give the preference, and mentioning afterwards those remedial measures which have been extolled by other authors; for, since we lack sufficient information to appreciate their relative value, the judgment which we should pass here, would, perhaps, be premature. We shall await, then, new details before drawing up our opinion definitely. If, meanwhile, you wish to make a choice, it will be very easy to compare the results I am about to give you, with those which have already been published by other authors.

The treatment has been the same for all our patients, with the exception of a few slight variations in its application, according to the circumstances of cases.

Use of the Uterine Sound.—I have always commenced with the introduction of the sound, which serves at the same time for diagnosis and for treatment. It prepares the womb to receive the stem of the intra-uterine pessary, and replaces the organ so as to render the introduction of this stem easier.

As a preparatory measure, the introduction of the sound has always produced, though often within restricted limits, good effects, which have contributed to the removal of the displacement; and in a case which deserves to be reported to you, its employment sufficed to bring about a complete cure.

CASE V.—Mad. C * * *, aged 31 years, of good constitution, and of a sanguine temperament, always lived under excellent hygienic conditions. At 20 years, she had a child, her labor presenting nothing peculiar. She did not rise too soon after confinement, made no violent efforts, incurred no falls or blows, and knows not precisely at what epoch to date the commencement of her malady, the invasion of which was slow, while its progress was gradual.

A few years ago she had attacks of hysteria, followed by leucorrhœa and fatigue in walking, with a sensation of weight in the pelvis. Since then, these symptoms have gone steadily on increasing. Twenty-eight

months since, the patient was subjected to a course of treatment consisting of repeated bleedings, which had for their result the production of a certain degree of anemia. Moreover, when I saw her, the 15th of January, 1851, she presented still all the signs of anemia, considerable debility, a pale and faded complexion, &c. I found, further, the uterus bulky, but not painful, and lying transversely with the fundus forward. Upon the anterior lip, which was red and voluminous, there existed a more marked prominence, presenting in its midst a little white point. I prescribed a bracing regimen, and on the 3d of February cauterized the cervix with the acid nitrate of mercury. This cauterization, repeated three times up to the 13th, without producing any great effect, was suspended after the 17th for the purpose of employing the uterine sound. The instrument was introduced six times at intervals of three or four days, penetrated easily and without causing pain, and on the 20th of March I ascertained that the uterus was perfectly re-placed in its normal situation. The cauterization, which was then recommended, and performed thirteen times up to the 12th of May, brought about a sensible amelioration from day to day. No unfavorable symptom occurred, and the little prominence of the anterior lip disappeared completely, the uterus maintaining itself in place.

I shall first call your attention to the peculiar lesion which existed upon the cervix. I feared that this slight prominence, presenting a whitish point in its midst, was an abscess. But as I saw issue from it neither pus nor core, doubts may at least be entertained on this subject. However this may be, I should call your attention, in passing, to the efficacy of the cauterization, after the re-placement of the uterus, compared to its slight action while the organ was displaced. This is a point to which I shall draw your attention quite particularly when citing in relation to this subject a case still more conclusive (Case VI.).

That which interests us in the present case, is the radical cure of the anteversion, obtained through the re-placement, by means of the sound introduced six times only.*

I have been able to cure, by the above-mentioned means, several cases of retroflexion; but this is the only case of anteversion which has been, to my knowledge, thus removed. In all the others I employed the intra-uterine stem-pessary. It is true that in my first cases, not being fully aware of this happy influence of the sound, I employed it only to prepare the uterus for the reception of the intra-uterine pessary, which I hastened to apply, believing it indispensable to the cure; whilst now I prolong, for a greater length of time, the use of the sound, and wait before having recourse to the pessary, till the former instrument has produced all the effect of which it is capable. Thus I have obtained several cures, for which I congratulate myself, since it is advantageous to avoid for females the inconveniences of the latter instrument, which is often troublesome, irksome, and liable to produce some unfavorable symptoms, if the patients

* It will probably be considered by some a debatable point how far the recovery in this case was owing to the mechanical re-placement, and how far to the cauterization. The apparent failure of the caustic in the first instance to produce marked amelioration, may have been because sufficient time was not allowed to elapse, after its employment, for its agency to develop itself.—
TRANS.

are not attentively watched—inconveniences which are not presented by the sound, the introduction of which is easy, which sojourns but a short time in the uterus, and the action of which the physician himself watches on each occasion, and during the whole time that he employs it.

To effect a cure with the sound alone, there is required a course of treatment longer in duration, more regularly followed up, and more confining for the patients, who will not all of them, perhaps, be willing to submit to it. This, however, is but a trivial consideration, and one which should not prevent us from resorting to the treatment in question. We ought, also, to persevere in the constant employment of the sound alone, if the possibility of a cure by this means is clearly demonstrated to us. When it does not by itself completely replace the uterus, which, however, has taken place in the greater number of my patients, the uterine bougie seems, I repeat, to prepare the organ to receive the stem of the intra-uterine pessary by blunting the sensibility. It acts upon the uterine walls as does the ordinary sound upon the urethra in cases of excessive pains in that canal, which M. Civiale, in particular, counsels us to combat by the repeated passage of the sound. I insist upon this point, because certain persons having undertaken to introduce the intra-uterine stem-pessary, without this preliminary preparation, the pains were so severe that it could not be supported.

The number of times the sound was introduced varied, according to the cases—but a few times, when it penetrated without difficulty or pain, and when the uterus was capable of being returned to its place without offering resistance; more often, in cases of a different nature; more often, also, since I have known that it was capable of procuring a complete and definite re-placement. In one case it was employed once only; in three cases, three times; and in the others, as many as fourteen, twenty and twenty-eight times.

The passage of the sound occasioned, in general, a slight degree of pain, and was followed during a certain time, the duration of which varied from half an hour to two hours, by slight and intermitting tormina. There were at the same time a few spasms of the uterus with the pains, compared by the patients to those which mark the commencement of labor.—(*“Les mouches.”*) In one case (Case IV.), the application of the sound was followed by very intense pains, with febrile symptoms, and general prostration. But recollect that the examination, repeated by several persons, was very long, and that the patient had previously a certain degree of chronic inflammation of the uterus. At all events, at the end of twenty-four hours the symptoms had ceased. Sometimes, meanwhile, the pain was very intense at the moment when the sound cleared the internal orifice. But this sensibility was considerably diminished after the instrument was passed two or three times.

Often, in consequence of the introduction of the sound, there flows a slight quantity of blood, of which circumstance it is well to forewarn the patients in order that they may not be alarmed by it.

The sound should be passed, so far as is possible, every day, if the process is easy, and does not cause much pain. Under opposite circumstances, we may allow, at first, intervals of one or two days between each

application; these intervals to be shortened, however, at a later period, when the patient shall bear the application of the instrument better.

Application of the Intra-uterine Stem-pessary.—The sound having sufficed, in a single case only of anteversion, to effect a complete cure, in all the others we introduced the intra-uterine stem-pessary. Six times I employed the instrument *à flexion fixe*; six times, also, that *à flexion mobile*; and in all the other cases the jointed instrument. I shall describe these instruments to you hereafter. For the present, it will suffice to say that in all the instances in which we had occasion to employ, in the same patient—after trial of one or the other of the first two instruments—the jointed pessary which we now use exclusively, we established the fact that the last is introduced more easily and was supported better than the others.

The duration of the sojourn of the instrument in the uterus varied from 1 to 15 or 20 days. The amelioration was as permanent in the case in which it remained only twenty-four hours (Case II.) as in the other cases. But since, after this first application, there remained still a slight degree of flexion, I felt called upon to introduce it a second time, when it remained in place sixteen days. Most often it is continued in the womb without interruption from 4 to 10, or upon an average 8 days. Then it has been necessary to re-apply it a certain number of times, which have varied from 1 to 6, giving an average of 3. I found no evident relation between the length of time it remained in place, and the number of times it was necessary to apply it; since in certain patients it remained from 15 to 20 days after its first application, whilst in others, after having been applied several times, it was necessary to take it away at the expiration of 3, 4, or 5 days. Generally well borne, it was tolerated better in proportion to the frequency with which it was inserted, and also to the distance of time from the menstrual epoch.

This treatment never produced any serious accident. Meanwhile, a few symptoms manifested themselves, of which it is my duty to inform you.

Twice in patients who had previously had uterine inflammations, there was observed to occur acceleration of the pulse, heat, fever, a sensation of painful tension in the abdomen, and principally in the region of the womb, indicating commencing inflammation of that organ. It sufficed to apply eight or ten leeches to cause these symptoms completely to disappear, and at the end of three or four days the instrument which had been taken away could be re-placed. In one of these two cases the recovery was complete, and in the other, which is still under treatment, there is every reason to believe that a cure will be promptly obtained, as there is already a notable amelioration. On one other occasion, I observed in a patient whom you have had an opportunity of seeing in ward "Ste Marthe," an inflammation of the cellular tissue, surrounding the uterus. But this inflammation could not be referred to the treatment, since it was produced when the anteversion had already been cured for a long time. It yielded, I will add, very promptly to a very simple treatment.

The menses were generally hastened, and at the first menstrual epoch

after the application of the intra-uterine pessary, they have almost always been more abundant, to the point of producing in certain cases an attack of anemia, though slight in degree and easy of removal. Twice there supervened, apart from the menstrual epoch, an inconsiderable metrorrhagia, which stopped spontaneously.

I have dwelt intentionally upon these losses of blood, because they have been regarded as the sole cause of the cure. This opinion has been expressed by physicians who place all the symptoms to the account of the engorgement. These metrorrhagias, they say, render the uterus lighter by directly causing the engorgement to disappear, by which means it is not surprising to see a complete cure supervene. The best proof that this is not the case, and that an abundant sanguineous evacuation is not indispensable to recovery, results from the analysis of our cases. Out of 14 cases of cure, we have found the menses more abundant only 8 times after the application of the intra-uterine pessary. In the 6 other cases, in which the cure was quite as prompt, and quite as solid, the flow has not varied either by increase or diminution.*

CASE OF RETAINED FÆCES.

BY DR. W. H. RICHARDSON, OF EAST MONTPELIER, VT.

[Communicated for the Boston Medical and Surgical Journal.]

On the night of the 2d of Feb. I was sent for to attend upon Judge C., of this town, aged 58, who, it was said, was suffering from an attack of "bilious colic." I found him in great distress from pain in the left iliac region, which he described as being a hard ache. In regard to his previous history, he had been somewhat costive for many years, but had taken no cathartic or any other medicine. For the last four months he had suffered from occasional attacks of colic, which had always been relieved by a cup of ginger tea or other warm drink. He remarked that for many months he had felt his health declining; that his joints (particularly his knees) grew weak; that he had little appetite, and in short that he felt *old age* warily approaching. He felt that he was acting in the last scene of that drama, whose perpetual mutations seem to constitute the fundamental law of existence. Although he is not 60 years old, and never suffered from disease to any considerable extent, yet he had mostly given up business, and felt that his sphere of activity and usefulness was at an end. Let me remark here, that the habit of yielding to the first influences of old age is bad philosophy, and tends in no small degree to shorten the period and diminish the happiness of human life.

His bowels not having moved on the day of the attack, I gave him a free dose of the comp. infusion of senna, which in a few hours operated freely. He felt some relief, but still complained of pain in the iliac region as before. I then administered castor oil, with oil of turpentine,

* The translator here suggests the question if the author has not made an overstatement in the preceding paragraph.

which having operated freely he felt much better; but still there was an unnatural and uncomfortable feeling in the left side. He took occasionally mild cathartics for several days, and feeling about as well as previous to the attack, settled his bill. I had scarcely reached home before he was again attacked, and much more violently than before, with pain in the left iliac region, and a "severe ache in the stool." Being myself absent, he took, before my arrival, three ounces of table oil with one ounce of oil of turpentine. When I arrived, this had been down five hours, and still there was no action either of the stomach or bowels. I found him in great agony, and he himself firmly believing his case hopeless. I ordered thirty grains of calomel; pediluvium with warm fomentations to the bowels; waited two hours, and no motion being felt, I gave calomel and rhubarb ten grains each. I waited an hour, but there was no action. I could not account for this inaction, as the bowels had moved freely the day before, and I was unable to detect any evidence of inflammatory action in the symptoms. I ordered a solvent injection, and a dose of the sulphate of magnesia to be taken. The patient immediately vomited, and at the same time had a stool. The stool was watery, but it did not descend to the vessel from the chair, but spattered about over a space at least four feet square. He still complained of the severe ache in the stool. He made a violent effort, and expelled a hard substance, which striking the floor, or the mop-board near the floor, sounded like a rock thrown with violence against a board. Immediately following this, was a free evacuation of scybalous excrement, in hard lumps of various sizes. The large mass was somewhat larger than a hen's egg, and of irregular shape. It appeared to have been moulded in one of the folds of the sigmoid flexure of the colon, and to have had one side channelled out by the passing current. It was exceedingly hard, and had probably existed here in the fold of the intestines for many months. After this evacuation, the patient had no pain and no uneasy sensation in the left iliac region. He now takes exercise daily, and is more robust and healthy than he has been for years.

RE-VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

I noticed in the Journal of April 5th, an article relating to the importance of re-vaccination. We have had some experience during the past winter upon this subject. I have vaccinated, during the last three months, upwards of a hundred persons who had well-marked vaccine cicatrices, and of these a majority (the precise number I cannot state, as I have not kept notes of the cases) had the genuine vaccine pustule; and on inquiry of other physicians of this city, the same result appears. These facts may not, perhaps, be of much value, as the already-recorded statistics lead us to expect such a result. What I more especially desire to call your attention to, is the fact, which I have not before noticed, of the extended period intervening between the insertion of the virus and the apparent inception of the disease. In several cases there was no appearance of

the vaccine inflammation until ten days after the insertion of the virus—and in one case the first appearance was as late as the fourteenth day, and then the true vaccine pustule appeared, running its usual course.

There have been in this city, during the last three months, about seventy cases of variola and varioloid.

As ever yours,

JOHN G. STEPHENSON.

Terre Haute, Ind., April 18, 1854.

HEMORRHAGE AFTER EXTRACTION OF A TOOTH.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have been patiently waiting a reply to the inquiries made in the *Journal*, a short time since, relative to a case of excessive hemorrhage succeeding the extraction of a tooth. No account of the same appearing from either of the professional gentlemen who first saw and treated the case, and the professional skill of *all* who had anything to do with it being called in question by a New York correspondent, I herewith present a brief history of what transpired during my ministrations to it, in connection with the eminent practitioner with whom I consulted, whose name and skill are a sufficient guarantee that nothing was omitted when scientific treatment was so urgent.

On Friday, the 24th of Feb., I was called to see the patient, a young man aged about 25. His pulse was very feeble, face blanched, and he was greatly exhausted from the loss of blood, which was flowing freely from a lower molar cell (the tooth having been extracted the Monday previous, by a dentist in Roxbury, and had been bleeding without cessation about 93 hours); the mouth badly excoriated and exceedingly tender, from the effects of the many applications which had been made to arrest the hemorrhage. I was informed by the friends of the patient, that a few years since he cut himself slightly, and experienced some difficulty in having the bleeding arrested. I made an application to the cell and adjacent parts from which the blood was flowing, of a compress which I have used in numerous other cases with complete success; but in this one it proved ineffectual—and I plainly saw, in connection with the hemorrhagic tendency, the chemical condition of the blood to be such, as to preclude the possibility of arresting the bleeding by any of the ordinary mechanical appliances, and that nothing short of actual cauterization, or the tying of the carotid artery, would be of any avail.

During the forenoon of the same day, I consulted with Dr. Winslow Lewis, with whom I again visited the patient, prepared to adopt such treatment as the exhausted condition of the patient would admit. The actual cautery was applied, which had the effect of checking the bleeding from the cell—but blood continued to flow in small quantities from the gum surrounding the adjoining teeth. He was immediately put under a tonic treatment, which was persevered in with good effect—he having taken no other nourishment than new milk from Monday up to this day, Friday.

On the 25th, the day following the cauterization, found him more

comfortable; pulse strong, and there had been intervals of from six to eight hours entire cessation from bleeding.

26th, 8 A.M.—Patient doing well, though he had some bleeding during the night. A marked change in the consistency of the blood; coagula forming. Enjoined strict quietude. On the afternoon of the same day, the brother of the patient called to inform me that the hemorrhage had entirely ceased. During the forenoon of the 27th, called, and found him again much exhausted, having bled during the night. Was informed that on the previous afternoon, the hemorrhage being checked, he arose, made a change of clothing, and underwent no small amount of exertion. This day relinquished all charge of the case (by the sanction of the patient's employer, who first solicited my services), in consequence of other treatment being submitted to, which I as well as his employer conceived to be wholly inconsistent, and with which I could have no sympathy.

4 *Hamilton Place, April 26, 1854.*

E. T. WILSON, M.D.

SELF-LIMITED DISEASES—DR. CARPENTER VS. DR. CHURCHILL.

[Communicated for the Boston Medical and Surgical Journal.]

DR. B. CARPENTER, in his dissertation on "Self-limited Diseases," says of whooping cough, "Do what you may, you cannot arrest its course." Now, without advancing any opinion of my own, and knowing, as I do, Dr. C. to be a most worthy man, and a good physician, and knowing, too, that doctors will sometimes disagree, I wish to place by the side of Dr. C.'s statements, some of an opposite nature made by Dr. Fleetwood Churchill. In the Monthly Journal of Medical Science, August, 1853, and re-published in the 28th Part of Braithwaite's Retrospect, Dr. Churchill gives the following as his experience of the use of chloroform in whooping cough :—

"CASE I.—Miss D., æt. 16, had had whooping cough a month, when I prescribed chloroform. There was no complication, but the whooping was frequent, especially during the night. She was directed to have the chloroform in readiness, and to use it with each paroxysm, and she assures me that in two days the hoop ceased. The cough lasted a few days longer, but it was slight and not in kinks.

"CASE II.—Miss A., æt. 20, had been ill with whooping cough for about three weeks, when I prescribed chloroform. The cough was not very frequent, and there was no complication. Two days sufficed with her also to relieve her of the hoop; and the slight cough which remained subsided after a week or ten days.

"In these two cases the effect seemed quite magical; both had the disease well marked, and the families of both were prepared for a disease of two or three months' duration, as was the case with their other children.

"CASE III.—Miss B., æt. 18, took the complaint from her brother, whom I was attending, and I therefore had an opportunity of giving chloroform from the commencement. She did not hoop any time she coughed; but she was directed to use the chloroform whenever she felt

the tickling in the larynx, without waiting for a cough. By doing so, she found that she could postpone the cough indefinitely, and if it came on suddenly, the use of the chloroform instantly suspended it. About three weeks elapsed before the tendency to cough and the use of chloroform ceased; but during that time she lost neither appetite nor flesh. She slept well, was in good spirits, and able to follow her usual occupation. She went to the country quite well."

Now, it is presumed both these excellent physicians think they are right; but, for one, I have learned that great men may be mistaken. I mean no disrespect to Dr. Carpenter by placing side by side, in your valuable Journal, such different statements; for there are few, if any, in the profession, for whom I have a higher regard than for him.

Boston, April, 1854.

W. M. CORNELL,

ALCOHOL AS A MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I perceive that the subject of the medical use of alcohol is fairly introduced into your valuable Journal. It is a subject of deep interest just now in the Pine Tree State, as being intimately connected with one of the great leading questions of moral reform. It is rare with us that a respectable man will advocate the use of intoxicating drinks as a beverage; but the mass believe, or affect to believe, that they are necessary for medicine. That such opinions are founded upon medical authority, no one can doubt. Physicians first introduced this poison into practice; and where substitutes can be found they should be the first to discard it, on account of the enormous moral and physical evils it has caused and is causing to suffering humanity. We have a law in Maine which effectually shuts up the grog shops, whenever and wherever it is enforced; but at the same time it leaves a door open wide enough at all times for any one to pass and gratify a depraved appetite, if he will only pronounce the talismanic words, "for medical purposes." One man for every five hundred inhabitants is licensed to sell liquors for medicine. It is rare that this man is a physician, and yet he is made sole judge of the necessity for such medicines, and thus every man becomes his own physician in the use of a most potent article. And why should he not, since physicians, from time immemorial, have declared it an invaluable remedy, never to be dispensed with if it could be had, nay, that it should be kept as one of the household gods without which no family is safe.

The great question is, cannot there be substitutes for the domestic use of alcoholics? Dr. Gilman thinks "the whole community, including the medical faculty, need more light upon this subject." Dr. Hall thinks "as much light exists in regard to the use of alcohol, as is known in regard to many other useful and important remedial agents." When Dr. Hall will show any other "useful and important remedial agent" that has done a tithe of the evil to humanity, both morally and physically, that alcohol has done, then will I agree with him to enter into an exami-

nation of the merits of that agent. Dr. H. brings up the rattlesnake case, to show the indispensable necessity of the alcoholic practice. It may be a debatable question whether it is better to be bitten by whisky or the serpent. He is in favor of the *similia similibus* practice in delirium tremens, and why not in the rattlesnake bite? or is the poison of the serpent and the still identical?

Dr. Hall thinks good authority is found for the alcoholic practice. So also was good authority found for the use of many other articles now entirely discarded from the *materia medica*. He reminds Dr. Gilman that we should be ruled by judgment and not by prejudice. Dr. Gilman, I believe, for many years pursued the alcoholic method, but became convinced of his error and abandoned that method. But Dr. G. is abundantly able to defend himself.

I may be allowed to say a few words upon my own experience. I have been in the practice of medicine twenty-seven years, and used alcoholic medicines freely until about twelve years ago, at which time I was forcibly struck by noticing that reformed inebriates, when alcoholic prescriptions were made for them, almost invariably returned to their cups. Upon reflection, I became satisfied that I could not administer such medicines to that class of patients, and keep my "conscience void of offence"; and I submit to Dr. Hall whether he would prescribe the drunkard's drink to reformed inebriates. More mature observation, reflection and investigation, led me to abandon the alcoholic practice, except in tinctures, to be used in drop doses. Nor have I found, from that time to the present, a single case for which I could not prescribe a substitute for alcoholics.

We have in this State quite a number of anti-alcoholic practitioners; but we have also a very large class who are contributing powerfully to make drunkards, whether ignorantly or unwittingly I cannot say. While the alcoholic is the legitimate practice, it will, as it ever has done, afford a broad shield and protection for nostrum mongers and quacks of every grade. Dr. Hall thinks that "alcoholics should not be discarded because as a beverage they invariably do harm." If it could be shown, that coffee and tea, when used as beverages, invariably do harm, would not Dr. H. infer that they might do harm in disease? People in general as well as patients sometimes ask questions; and they inquire how, if alcohol is a poison and is very detrimental in health, it can be used with impunity in sickness? I refer the question to those who are familiar with alcoholic toxicology.

Will not our scientific physicians, men of leisure and talent, and friends of humanity, as every medical man is supposed to be, investigate this subject, and give the public, or the faculty at least, the result of their investigations and experience?

A. P. FULLER.

Albion, Me., April 19th, 1854.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MAY 3, 1854.

Puerperal Convulsions.—If there is any one class of maladies which we are called upon to treat, that may be considered more formidable than all others, it is that of convulsions occurring in parturient women. In most other acute affections, patients may recover even when errors are made in diagnosis and treatment. In puerperal convulsions, however, we have to cope with a mysterious agency, that tends to the sudden destruction of life, and the efforts of the most experienced and skilful may be exhausted in vain to prevent it. The difficulty in diagnosis is not the only circumstance which makes this disease to be dreaded; but we have the lives of two beings in peril at the same time, and are witnesses of some of the most distressing and trying scenes that occur in our practice. It has fallen to our lot to have one of these cases within the past week. It unhappily terminated fatally, and we propose giving a few of the particulars relating to it.

On Friday, April 21st, between 12 and 1 o'clock in the morning, we were called from our bed by a Mr. B., who stated that his wife was suffering from a severe attack of cholera morbus, and desired that we should either send something to relieve her, or attend personally. We accordingly sent medicine suitable for that complaint, and directions for management, with instructions to be called at a certain time if relief was not obtained. At 2½ a messenger came, and requested our immediate attendance upon Mrs. B., informing us that she was in *labor*, and in a strange and alarming condition. On arriving at the house, about 3 o'clock, a midwife was found in attendance, who informed us that the patient was then in the third paroxysm of convulsions since her arrival. We learned that Mrs. B. was busily engaged in her domestic duties the day previous, and with the exception of spells of vomiting, was in very good health. In the night, the vomiting came on with increased severity, superadded to which, were abdominal pains, that led the husband to believe the disease to be cholera morbus. A grain of opium with a half teaspoonful of spirits of camphor had been ordered every twenty or thirty minutes until the pains ceased; also a large mustard plaster over the region of the stomach, and the feet to be bathed with hot water. Only one dose of the opium and camphor was given, for immediately after taking it, she became for the first time convulsed. The other directions had been followed, without the least mitigation of the pain or vomiting. She was in the seventh month of pregnancy, and from an examination per vaginam we were satisfied that labor had actually commenced. The mouth of the womb was dilated to the extent of an inch, but very rigid and unyielding. The arms and breast of the fœtus could be clearly defined through the membranes; it was lying in a cross-wise position over the mouth of the womb. Not deeming it safe to use any force in an attempt to hasten the labor, we put her under the influence of sulphuric ether, and waited for a more favorable opportunity. Previous to the etherization, the paroxysms were occurring at intervals of ten and fifteen minutes, and were of five or ten minutes duration. She frothed at the mouth, and the protruded tongue was badly bitten through. The excessive jactitation of her limbs, opisthotonos, and dilated pupils of the fixed eyeballs, rendered her situation extremely agonizing for the assistants to wit-

ness. The pulse was very variable; at times quick, small and wiry; then full, hard and bounding; and sometimes almost imperceptible. The etherization was kept up till 8 o'clock (five hours), and then suspended for a short time. The paroxysms coming on again, and with increased severity, about twenty-four ounces of blood was taken from the arm, and mustard poultices were applied to the soles of the feet and calves of the legs. The head was kept constantly wet with iced water, ether and water; and an enema composed of warm water, olive oil, and tr. assafœtida, was thrown up the bowels. This treatment seemed to be of no avail; indeed, a severe paroxysm came on while the arm was being bandaged, and recourse was again had to the ether. Another examination was made, and it was found that a small bag of waters presented, which was ruptured and its contents discharged. Very little change had taken place in the condition of the mouth of the womb; but as the symptoms had become more urgent, we determined to effect an entrance, and if possible to expedite the delivery. After some considerable effort and perseverance, the fingers were within reach of a foot, which was grasped and brought down into the vagina, and the delivery was then easily accomplished. Very little traction was necessary to remove the afterbirth. The patient was nicely swathed, and the ether once more suspended; but it had to be immediately given again, on account of the recurrence of the convulsive spasms. A medical friend now saw the patient with us; he advised the continued use of the ether, which was, with slight remission, kept up till within a few hours of her death.

The patient never recovered her consciousness after the first attack, and died in 46 hours from the time we were first called. She was comparatively a healthy woman, 27 years of age, and had previously given birth to three children, all of which are now living; and these labors were represented to have been easy and of short duration.

Appropriation of Public Lands for the Indigent Insane — President's Veto.—The President has vetoed the bill, which had passed both Houses of Congress, appropriating ten million acres of the public lands to the several States for the benefit of the indigent insane. This bill, it will be remembered, was introduced into Congress through the instrumentality of Miss Dix, the philanthropist. It is to be regretted that her labors have been unavailing in accomplishing so desirable an object, and also that the President should have been disposed to exercise the veto power, when the humane purpose for which the appropriation was intended is considered.

Colored Physicians for Liberia.—Messrs. I. H. Snowden and D. Laing, jr., two colored men of this city, have within the last three years been educated under the auspices of the Massachusetts Colonization Society, as physicians for the colony of Liberia, and it is expected they will embark from Baltimore on the 1st of May. This has been done in consequence of the great difficulty experienced in obtaining the services of other physicians to attend the emigrants, and also in view, prospectively, of the Society's intention of founding a college in that colony, in the event of which, they intend these gentlemen as teachers in its medical department. They have had every opportunity of acquiring a thorough medical education. They are smart and intelligent, and we can see no good reason why they should not succeed in their field of labor. We wish them health and success, and hope they may be enabled to accomplish much good, and to take a high rank in the profession to which they have devoted themselves.

Types of Mankind.—When our friend Mr. Gliddon, the Egyptian archæologist, proposed a great work, in connection with Dr. Nott, of Alabama, on the "Types of Mankind," we foresaw the interest that would naturally be awakened when the volume came before the reading public. Messrs. Lippincott, Grambo & Co., Philadelphia, its publishers, seem to have fully carried out the design of the authors, in the construction of a very beautifully-executed work, which, both in matter and mechanical execution, is creditable to the United States. Ethnological researches do not properly belong to a Journal of medicine, but they are appropriate subjects of thought for medical men, who should cultivate this as a collateral branch of learning. The book to which these observations refer, is a large octavo, of 738 pages, illustrated by drawings of monumental pictures, groups, heads, &c., in the valley of the Nile. But these constitute only a small part of the interest which attaches to the conjoint labors of the erudite authors. The following is the title of the work:—"Types of Mankind, or Ethnological Researches, based on ancient manuscripts, paintings, sculptures, and crania of races, and upon natural, geographical, philological and biblical history, illustrated by selections from the inedited papers of Samuel George Morton, M.D., and by additional contributions from J. C. Nott, M.D., Mobile, and George R. Gliddon." The idea of presenting even an analysis of this grand production, was abandoned when the leaves were opened. It must be read deliberately, and pondered upon, in order to enjoy the rich feast of antiquarian food prepared for the student of ethnology. It seems that man has changed but little, if any, in four thousand years. At that remote period, he possessed all the characteristics which now distinguish him in the scale of animated nature. A rarer or more instructive book is seldom given to the world. Its facts, from authentic sources, cannot be denied, and these would be appreciated by medical gentlemen, who will also, more than most other men, profit by the suggestions that pervade the pages furnished by Dr. Nott and Mr. Gliddon. We therefore hope they may procure the work.

Shoulder Presentations.—Wm. M. Boling, M.D., of Montgomery, Ala., has prepared an essay on the mechanism and management of parturition in the shoulder presentation, which will be recognized among all well-read practitioners as a valuable concentration of obstetrical learning. Had it been broken up into sections, each topic having a distinct caption, with a minute index appended, no better treatise could have been selected for reference. As a whole, it is an interesting essay, and Dr. Boling is doing himself honor by his literary efforts, and his skill in a difficult department of practical medicine.

Preservation of Health.—That venerable father in the profession, John C. Warren, M.D., of Boston, whose industry seems to increase with his age, has favored the public with a new edition of his universally popular digest of the laws of health, with remarks on constipation, old age, and the use of alcohol in the preparation of medicines.

Case of Poisoning by Aconite.—The following remarks on the case of alleged poisoning which has excited so much interest throughout the country, is from a New York paper of the 25th ult. We will only add here, that Prof. Wells has drawn up a full report of the trial for this Journal, the

first part of which is now in the hands of the printer, and will appear next week.

"It is well known to almost every person in our land, that one of the most important poisoning cases ever tried in our country, was that of John Hendrickson, Jr., in the Court of Oyer and Terminer, at Albany, in June and July, 1853, for the murder of his wife Maria. It was charged that he poisoned his wife with aconitine, and from the testimony of Dr. Swinburne, who made the post-mortem examination, and Dr. Salisbury (State chemist), both of Albany, the scientific evidence was principally derived, which went to convict the prisoner. He was condemned to be executed on the 26th of last August, but an appeal being taken to procure a new trial (which was at length refused), his time of execution was put off, but has been at last fixed for Friday next week, we believe. The whole testimony of the trial having been published, a copy of it fell into the hands of Prof. Wells, of Boston, who being deeply impressed with the utter want of soundness in the scientific testimony on which the prisoner was condemned, has submitted the same to a number of the first chemists in our country, who have all endorsed his opinion. All this has been free and voluntary on the part of Prof. Wells—he had not the least acquaintance with, nor personal interest in the prisoner, but has been at great trouble and expense in endeavoring to avert the execution, because he believes the prisoner has been convicted upon wrong testimony. A petition signed by such eminent chemists as the following has been presented to Gov. Seymour. Dr. Hayes (State Assayer), Dr. C. T. Jackson, Dr. Bacon (chemist of the Mass. General Hospital), and Prof. D. A. Wells, all of Massachusetts. Profs. Silliman, Sen. and Jr., and Profs. Dana and Porter, of Yale College. Dr. Torrey, of Medical College, Prof. Ellet, Drs. Chilton and E. N. Kent, of New York city. Drs. Gale and Schaffer, of Patent Office, Washington, and J. Lawrence Smith, Professor of Chemistry in Louisville Medical College."

Professional Compliment to Dr. Stephenson of New York.—The students in attendance upon the lectures of Dr. Mark Stephenson, of New York, on the Anatomy, Physiology and Diseases of the Eye, have made him a valuable present as a memento of their gratitude for his indefatigable efforts to elevate the standard of ophthalmic surgery in that city. It consists of a case of eye instruments, manufactured in the city of Paris by the celebrated cutler, Luer, for the express purpose of exhibition at the Crystal Palace in New York. It is represented to be one of the most perfect sets ever manufactured. Drs. Stephenson and Garrish are the attending surgeons at the New York Ophthalmic Hospital.

Pennsylvania State Lunatic Hospital.—This well-known and excellently-conducted institution is located at Harrisburg. John Curwen, M.D., is the superintendent and physician. At the close of December there were 182 patients in the establishment. The annual report abounds in judicious observations and wise suggestions upon the condition of those whose misfortunes compel their friends to place them in the Hospital. As many people derive satisfaction from learning the cost of things, it is quite in place to remark that the expenditures last year were \$41,438 58. A report on the construction of hospitals, by the Standing Committee of the Association of Medical Superintendents of American Institutions for the Insane, is appended.

Causes of Contagious and Epidemic Diseases.—Having on a former occasion spoken of this pamphlet, it is not necessary to dwell upon it again, beyond asserting that when the number of planets in the solar system is accurately determined, then may medical gentlemen declare positively that nature has disclosed a great secret in regard to the causes of epidemics. Dr. M. M. Rodgers, of Rochester, N. Y., the author, is unquestionably right, however, in most of his propositions.

The "Suit for Malpractice."—The jury, in the case of Dr. Bartlett, of Somerville, which was alluded to in the Journal of the 19th ult., were unable to agree upon a verdict, and consequently a new trial was ordered.

Medical Miscellany.—Smallpox is raging to a fearful extent among the Chippewa Indians.—A boy six years old died in North Chelsea, on Saturday last, in consequence of being bitten by a rabid dog a month previous.—Drs. Josselyn and Hughes, two irregular practitioners of this city, have been arrested, and bound over in the sum of \$20,000, for causing the death of Mrs. Mills, of Charlestown, by attempting to produce abortion.—M. Ricord, Surgeon-in-Chief of the Venereal Hospital in Paris, wears the following insignia of orders conferred upon him by different sovereigns. 1. The Order of Christ of Portugal; 2. The Order of Saints Maurice and Lazarus, of Sardinia; 3. The Order of Isabella, the Catholic, of Spain; 4. The Order of Nichari-Istikhar, of Turkey.—Dr. Josiah Crosby, of Manchester, N. H., performed the operation of excision of the head of the humerus last week. We learn that the operation was attended with complete success, and that it is the intention of the doctor to forward an account of the case for publication in the Journal.—MM. Velpeau, Malgaigne, Dubois, Marjolin, Larrey and Duchaussoy pronounced eulogies over the grave of M. Roux, who lately died in Paris. The funeral ceremonies were conducted with great pomp.

TO CORRESPONDENTS.—Dr. Thompson's account of Epidemic Traumatic Tetanus in Wisconsin, and Prof. Wells's report of an interesting case in medical jurisprudence, referred to in another page, are on file for publication.—The letter and documents from a correspondent, relating to alleged "perverted facts and misstatements" communicated to the Journal by another correspondent, and also to the general character and professional standing of the latter, have been received. They are, of course, unsuitable for publication in the Journal, or for a more definite allusion, but will be preserved, as they may be of service hereafter.—A copy of the Transactions of the Fourth Annual Meeting of the Medical Society of North Carolina, containing the address of Dr. James H. Dickson, and an essay by Dr. L. L. Holmes, has been received.

MARRIED,—In West Sutton, Frederick Davis Brown, M.D., to Miss Tamar S. Waters.

DIED,—At West Bridgewater, Dr. Noah Whitman, 69.

Deaths in Boston for the week ending Saturday noon, April 29th, 107. Males, 57—females, 50. Accident, 1—burns and scald, 1—inflammation of the bowels, 1—bronchitis, 1—disease of the brain, 3—inflammation of the brain, 3—congestion of the brain, 4—consumption, 19—convulsions, 4—croup, 2—colic, 1—dropsy in the head, 4—drowned, 2—debility, 1—infantile diseases, 7—puerperal, 4—diabetes, 1—exhaustion, 1—epilepsy, 1—typhus fever, 1—hooping cough, 3—disease of the heart, 2—homicide, 2—disease of the kidneys, 1—inflammation of the lungs, 12—congestion of the lungs, 1—disease of the liver, 2—marasmus, 1—measles, 3—old age, 5—palsy, 1—pleurisy, 1—scrofula, 1—smallpox, 2—teething, 3—unknown, 5.

Under 5 years, 43—between 5 and 20 years, 17—between 20 and 40 years, 26—between 40 and 60 years, 12—above 60 years, 9. Born in the United States, 76—Ireland, 25—England, 1—British Provinces, 4—France, 1.

Medical Society of San Francisco.—An adjourned meeting of the Medical Society of San Francisco was recently held at the City Hall. A large number of members having assembled, the President took the chair.

Several physicians having been recommended by the Board of Censors, were elected members.

A very interesting paper on *Amaurosis*, detailing several cases, with the treatment, was read by a member. Verbal reports of cases occurring in private practice were made by a number of members, which elicited an animated and profitable discussion.

A resolution was adopted with reference to the prevalence of smallpox among newly arrived emigrants, and the total insufficiency of the present hospital accommodation for patients suffering under that disease, and a committee appointed to investigate the subject, and to report to the Society.

A committee was also appointed to devise measures by which members of the profession may be enabled to perform *post-mortem* examinations, whether for the advancement of science, or in medico-legal investigations, more thoroughly and satisfactorily than circumstances have hitherto permitted.

A communication was received from Dr. Rivers announcing that he was about to leave the city, and presenting to the Society, as an addition to their museum, a valuable collection of anatomical preparations, and an extensive series of specimens of pathological anatomy.

A vote of thanks was passed for this munificent present, and by resolution, Dr. Rivers was unanimously elected an Honorary Member.

A committee was appointed to prepare for the press the Constitution and By-Laws of the Society, together with the roll of members.

Homœopathic Med. Society of the State of New York.—Amherst Childs, M.D., of Waterloo, N. Y., is President of this Society, which had a spirited meeting at Albany, in February. The transactions show it to be a numerous and active body. The address by A. S. Ball, M.D., was unquestionably well received. There is no association without its good men, and no organization which does not embrace its proportion of talent. We have no disposition to treat disrespectfully any of the new converts; if they are honest and conscientious, they do not deserve to be thus treated. As a record of the transactions of an important society in the new School, this volume is worth preserving, and would be read with interest by many who agree with us in wholly repudiating the doctrines of this class of practitioners.

Foreign Medical Intelligence.—The "Société Medico-Pratique de Paris" offers a prize, in the form of a gold medal, worth three hundred francs, for the best dissertation on the mode of action of the principal purgatives used in medicine, with the special indications for their use. The memoirs to be written in French or Latin, and sent before the 31st of December, 1854, to "M. Martin, de la Société, à l'Hotel de Ville."

The curious effects attributed to the extract and various other preparations of the *Cannabis Indica*, as used in Egypt, has induced the above Society to offer a prize of one thousand francs for the best analysis of the *cannabis*. The applicants for the prize are expected to send specimens of the principles obtained, with a written memoir, descriptive of the processes, &c., which must be written either in the French or Italian languages, and addressed to "M. Soubeiran, Secrétaire General de la Société de Pharmacie de Paris, rue de l'Arbalete, 21," before the first of July, 1854.